

Legislative Testimony
Public Health Committee
HB5541 AAC Services Provided by Dental Professionals and Certification for
Advanced Dental Hygiene Practitioner
Wednesday, March 21st, 2012
Joseph F. Piccuch, DMD, MD

Senator Gerratana, Representative Ritter, and members of the Public Health Committee, I am Dr. Joseph F. Piccuch, licensed in both Dentistry and Medicine, and I have been in practice in Connecticut continuously since 1978. My private practice was in Avon for many years and I am now Clinical Professor of Oral and Maxillofacial Surgery at the University of Connecticut Health Center in Farmington. From 2009 – 2011, I was the volunteer chair of the Oral Surgery Section of the Dental Mission of Mercy. For my entire career I have participated in programs for the underserved. Thank you for the opportunity to present this written testimony in opposition to HB 5541.

First let me state that I have no opposition to dental hygienists performing Interim Therapeutic Restorations (IRT) as referenced in this bill. Likewise I am not opposed to allowing dental hygienists and dental assistants to become Expanded Function Dental Auxiliaries as stated in Section 2 of this bill.

However I firmly believe that the attempt to create an “Advanced Dental Hygiene Practitioner” is *potentially dangerous to the public*. This bill would allow the proposed “ADHP” to not only diagnose oral diseases and conditions, but to treat them, including the prescription of antibiotics and other drugs--without direct supervision. Further it would allow the “ADHP” to extract “mobile” teeth.

I have held a faculty appointment at the University of Connecticut School of Dental Medicine continuously for 34 years. Over these years I have been responsible for teaching dental students and graduates the diagnosis and treatment of infections, care of medically compromised patients, and the performance of surgery. From this experience I will assure you that someone not fully educated in dentistry cannot possibly have the educational background to diagnose disease, or to perform surgery. An “ADHP” without a complete dental education cannot possibly manage the care of a diabetic, of a person with coronary artery disease, not even someone otherwise healthy who has significant anxiety. Further it would be a dangerous precedent for the Legislature to allow non-doctors to perform surgery on Connecticut citizens, no matter how “minor” ADHP advocates purport said surgery to be. When invasive procedures are begun, the performing doctor *must* have the clinical background to handle an unexpected emergency or complication. An ADHP simply does not!

I urge you to oppose this bill! Thank you for allowing me to submit this written testimony.

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jfpiccuch@pol.net

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Testimony in opposition of HB 5541: We the undersigned are members of the CT State Dental Commission, but are writing as individual dentists.

Licensure in Connecticut is a high stakes process. Here, the patients are the stakeholders. Historically, and up until 2005, initial licensure in Connecticut was obtained after the candidate successfully completed a clinical skills examination. If a competent candidate failed the clinical skills examination on the first attempt, they will succeed on future attempts. It is the false positives that are the high risk outcome. One incompetent provider will conservatively see 3000 patients a year. The current clinical licensing exam offered in Connecticut, the NERB or ADEX (Northeast Regional Board and the American Dental Examination are identical) is a valid and reliable exam. It defines the skill set to be tested, it ranks the skill set in order of criticality and it tests skill sets performed by entry level practitioners in their first five years of practice. In fact, the NERB or ADEX exam is the only licensing examination to include all skill sets and a reliable (the consistency of the measurement decision) and valid (the degree to which a test measures what it was designed to measure) modality. Examinations are constructed to find the individual who should not be practicing and therefore reliability statistics should exclusively concentrate on failing decisions. Exams do not predict how a candidate behaves in the future, but can assess that a candidate is capable of performing certain procedures at one point in time.

The Connecticut State Dental Commission and the Department of Public Health understand what the scores actually mean and how they are computed. The performance standard should give confidence to the Commission, the Department and the public that the candidate has performed at a satisfactory level of performance to assure competency. Public confidence depends on transparency. The meaning of the scores must be easily understood, performance levels in all skill sets must be reported, and the percentage of available points that the candidate achieved should also be reported and easily understood. As State Dental Commission members, we must demand the standards we require when we are the patients.

NERB and ADEX currently offer a clinical examination for dental hygienists upon finishing a course on local anesthesia, which is not required in CT. This bill adds many duties and functions beyond traditional dental hygiene duties and as well as anesthesia. We believe a clinical licensure examination for dental hygienists will achieve the performance standard that the Commission, the Department and the public expect, and cannot support any bill that does not include this.

In addition to the examination issue, the bill proposes that accreditation standards should be adopted from the State Board of Education and competency standards adopted from the American Dental